



# LOUISVILLE/JEFFERSON COUNTY METRO REVENUE COMMISSION

FORM  
TR1M

## MONTHLY TRANSIENT ROOM TAX RETURN FOR JEFFERSON COUNTY, KENTUCKY

☐ CHECK IF CHANGED

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal ID \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

ACCOUNT NO

MONTH ENDING

DUE ON OR BEFORE


The Louisville and Jefferson County Convention and Visitors Bureau ("the Bureau") has requested that the Louisville/Jefferson County Metro Revenue Commission collect and compile certain statistical information for the local hotel/motel industry. This statistical data will be transmitted to the Bureau on a collective basis rather than individually to preserve the confidentiality of each taxpayer's reported activity.

If you are reporting activity for one (1) property, complete the following section only. If you are reporting activity for more than one (1) property, complete the back page of this return and report the totals below.

Name of Property \_\_\_\_\_ Number of Rooms \_\_\_\_\_

Owner \_\_\_\_\_

Operator \_\_\_\_\_

### **NUMBER OF ROOMS SOLD**

1. Transient (Group) \_\_\_\_\_
2. Transient (Individual) \_\_\_\_\_
3. Permanent Guest \_\_\_\_\_
4. **Total Sold** (Line 1 + Line 2 + Line 3) \_\_\_\_\_

### **DOLLAR VALUE OF ROOMS SOLD**

5. Gross Room Sales \$ \_\_\_\_\_
6. Less Permanent Guest Sales \$ \_\_\_\_\_
7. **Transient Room Sales** (Line 5 – Line 6) \$ \_\_\_\_\_
8. **Total Transient Room Sales** (Total of Line 7 for all properties) \$ \_\_\_\_\_
9. Transient Room Tax (Line 8 x .075) \$ \_\_\_\_\_
10. Interest \$ \_\_\_\_\_
11. Penalty \$ \_\_\_\_\_
12. **Total Due** (Line 9 + Line 10 + Line 11) \$ \_\_\_\_\_

If any business ownership changed during this month, complete this section.

1. Date business changed ownership \_\_\_\_\_
2. Name of property \_\_\_\_\_
3. Name of new owner \_\_\_\_\_
4. This payment records liability through \_\_\_\_\_ (Date)

I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

MAILING ADDRESS: P.O. BOX 35410 • LOUISVILLE, KENTUCKY 40232-5410

Telephone: (502) 574-4860 • [www.metrorevenue.org](http://www.metrorevenue.org) • Fax: (502) 574-4818 • [taxhelp@revenue.org](mailto:taxhelp@revenue.org) • TDD: (502) 574-4811

## GLOSSARY

- **Transient (Group)** rooms are those rooms sold in a group or individually to participants in a group for a period of thirty (30) days or less.
- **Transient (Individual)** rooms are those rooms sold to individuals not a part of a specific group for a period of thirty (30) days or less.
- **Permanent Guest** rooms are those rooms sold to tenants for periods in excess of thirty (30) consecutive days.

**NOTE:** If you have more than four (4) properties to report on, make additional copies of this page to attach and report the totals on the front page of this return.

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Owner \_\_\_\_\_  
Operator \_\_\_\_\_

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### DOLLAR VALUE OF ROOMS SOLD

5. Gross Room Sales \$ \_\_\_\_\_
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7. **Transient Room Sales** (Line 5 – Line 6) \$ \_\_\_\_\_

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